been able to clear it on this side. Therefore, I object.

The PRESIDING OFFICER. Objection is heard.

ORDER OF BUSINESS

Mr. REID. Madam President, for the information of Senators, there will be no more votes today. I indicated earlier that we would be out by 6 today. A number of things are going on. We will work on a number of issues over the weekend, including the tobacco issue and other issues. We will vote on Monday at 5:30 on the cloture motions that were filed earlier this afternoon.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

Mr. DODD. Madam President, I listened carefully to the conversation between the majority leader and our colleague from Arizona. As the manager of this bill on smoking, I for one have been a strong advocate for the reimportation proposal. Others have also expressed an interest in this. Most of my colleagues have expressed views, and a majority have expressed support for the idea. This is not about denying a vote on reimportation. We would all like that opportunity.

However, this bill on smoking and children is about as fragile a proposal as I have seen here in a long time. There are strong voices that wish to kill this legislation, and they effectively have. The FDA has jurisdiction over almost every product—except tobacco—including pet food. We waited 10 years trying to get to this bill. If you lose one or two votes on this—if we lose this again, we are back to the last decade.

There will be any number of attractive ideas proposed to this legislation, many of which I have either supported or would like to, but we will run the risk of breaking up the necessary 60 votes to deal with children and smoking. So no matter how appealing some amendments may be, understand what you may be doing, and that is destroying the ability to deal with the 3,000 to 4,000 kids who start smoking every day and the 400,000 people who die every year from tobacco. I want to vote on reimportation as well and a lot of other issues. If every time we bring up a bill of this significance and somebody offers a very appealing proposal—understand that the danger is that you fracture that relationship. That has denied us the opportunity to pass this for a decade, despite the fact that both bodies have voted overwhelmingly but not in the same Congress.

We are on the brink of getting this done. What better thing could we accomplish on the eve of the health care debate than to start saving lives of children? I have 76,000 kids in Connecticut who will die because they are smokers if we do nothing. There are 6 million children today who are going to die prematurely because of smoking if we do nothing. As much as I want to deal with reimportation of drugs, if we do that and it is adopted and we lose the coalition on smoking, what have we achieved? The bill dies. You lose both reimportation as well as the smoking proposal.

I appreciate the majority leader taking the position he did. I know where he stands on the issue. Senator REID has been a strong advocate of reimportation. That is not the issue here. It is whether at long last, a decade later, our colleague from Massachusetts, Senator KENNEDY, and Senator DeWine, a former colleague from Ohio, Henry Waxman from California, Tom Davis of Virginia, who on a bipartisan basis have tried year in and year out to get this done—we can finally achieve it. So I know the game. But this is not a game, this is life and death for people. For 10 long years, we have not been able to pass legislation involving kids and smoking. We can get it done in the next few days. If people insist upon nongermane amendments based on a short-term appeal that denies us that opportunity, we will have done great damage to our country.

I appreciate the position the majority leader has taken. My colleagues know, because I went through the process last week in committee, there were any number of appealing amendments. I thank the members of the committee who wanted to vote for some of those amendments. I see Senator MERKLEY here, a member of our committee. He and I would have liked to have supported additional amendments, fines and such, for kids. We knew that if we did that, we might break that fragile coalition that would get to us the goal line of passing the bill.

I thank the majority leader for standing up on an issue he cares deeply about, the reimportation of drugs. He understands, as does the Presiding Officer, as do all of us here who have loved ones who have been smokers and have been affected by tobacco and the damage it does to our citizenry. It is the only disease I know that is self-inflicted. There are more deaths each year as a result of smoking and tobacco products than alcohol, drugs, suicide, automobile accidents, and AIDS combined. It is the greatest killer in America. We have a chance to make a difference. The day will come for reimportation. We ought to get to that. If you do it on this bill, you lose both reimportation and the smoking bill.

I thank the majority leader and yield the floor.

Mrs. BOXER. Madam President, I urge my colleagues to join me in support of the Family Smoking Prevention and Tobacco Control Act, a comprehensive effort to address the threat of tobacco products to public health.

This bill will finally give the Food and Drug Administration the legal authority it needs to prevent the sale of tobacco products to minors, make tobacco products less toxic and addictive for those who continue to use them, and prevent the tobacco industry from misleading the public about the dangers of smoking.

As the leading preventable cause of death in the United States, tobacco use kills over 400,000 Americans a year. More deaths in the U.S. are caused by tobacco use than from illegal drug use, alcohol use, motor vehicle accidents, suicides, and murders combined. This legislation takes crucial steps to save the lives of as many as 80,000 Americans every year.

Sadly, our failure to address this issue is having the greatest effect on our Nation's children. Ninety percent of all new smokers are children. In just 1 day, about 3,500 children will try their first cigarette and 1,000 more will become daily smokers. In just 1 year, kids in my home State of California will purchase 78.3 million packs of cigarettes.

Even though studies have shown children are twice as sensitive to tobacco advertising as adults and that one-third of children experiment with smoking due to advertising, marketing for tobacco products is virtually unregulated. Each year, the tobacco industry spends $13.4 billion nationwide on advertising. Granting the FDA the authority to regulate tobacco advertising will reduce targeting of kids and crack down on false claims.

Additionally, this bill will grant the FDA the authority to regulate smokeless tobacco—particularly those products that have been designed to appeal to children, such as tobacco candy. Claims by the tobacco industry that these products are safe alternatives to smoking are dangerous and wrong. In fact, the Surgeon General has determined the use of smokeless tobacco can lead to oral cancer, gum disease, heart attacks, heart disease, cancer of the esophagus, and cancer of the stomach.

This legislation will ensure that tobacco companies can no longer market addictive carcinogenic candies targeted at children without review by the Food and Drug Administration and careful regulation to safeguard the public health.

Cigarettes contain 69 known carcinogens and hundreds of other ingredients that contribute to the risk of heart disease, lung disease, and other serious illnesses. Yet tobacco products are currently exempt from basic consumer protections like ingredient disclosure, product testing and marketing restrictions to children. Tobacco products are the only products on the market that kill a third of their customers if they are used as directed. In spite of the risks, in spite of the costs, tobacco products are the most unregulated consumer products available today.

This bill will ensure that the tobacco industry is finally required to tell us what is in the products they sell.

This legislation will also give the Food and Drug Administration the authority to require stronger warning labels, prevent industry misrepresentations, and regulate ''reduced harm'' claims about tobacco products. According to a 2006 Harvard School of Public Health study, the average amount of nicotine in cigarettes rose 11.8 percent from 1997 to 2005. More important, this bill will give the FDA the authority to ban the most harmful chemicals used in these products, or even reduce the amount of nicotine. The Family Smoking Prevention and Tobacco Control Act is not about unfairly punishing tobacco companies or consumers of tobacco products; it merely gives the Food and Drug Administration the right to regulate tobacco products as it regulates other products to safeguard the public health.

This Congress and the President have committed to reducing health care costs through comprehensive reform. This legislation is precisely the kind of investment in prevention and wellness that will enable us to increase access to quality health care while reducing costs. Tobacco use results in $96 billion in annual health care costs and California alone will spend $9.1 billion on smoking related health care costs—imagine if we spent those funds on preventative medicine or wellness measures.

The passage of this bipartisan bill would be one of the single, greatest public health protections that affirms our commitment to prevention and wellness as the foundation of responsible health care in our country. I urge my colleagues to make an investment in the health of the American people and support this legislation.

Mr. HATCH. Madam President, I rise today to share my views on H.R. 1256, the Family Smoking Prevention and Tobacco Control Act of 2009.

First and foremost, I want to make it perfectly clear that I am deeply concerned about the dangers of smoking, particularly when it comes to children and teenagers. We must do everything we can to discourage our youth from using tobacco products; because once they start, it is very difficult to stop. Long term use of tobacco causes serious health conditions such as lung cancer, emphysema, or COPD—Chronic Obstructive Pulmonary Disease. There is no question that tobacco is a killer.

And not only does tobacco kill, it also results in a tremendous amount of unnecessary health care costs. Experts believe tobacco costs society billions of dollars each year. Even second-hand tobacco smoke harms those who do not smoke themselves but are merely around those who do.

Do I believe that tobacco should be regulated? Of course I do. But do I believe that the Food and Drug Administration is the appropriate agency to regulate tobacco? Absolutely not. Let me take a few minutes to explain why I feel so strongly about this issue.

The FDA's core mission is to promote and protect public health. As a member and former chairman of the Senate Health, Education, Labor and Pensions Committee, the committee with jurisdiction over the Food, Drug and Cosmetic Act, I feel very strongly that the FDA should have sufficient resources to do its current job before taking on new responsibilities. Over the years, I have worked hard to get the FDA the funding it needs to protect consumer health; approve new drugs, biologics and medical devices; and protect our Nation's food supply.

For years, FDA scientists have pleaded with Congress to give the agency more resources. In fact, according to the Alliance for a Stronger FDA, the FDA's budget is small—$2.04 billion was appropriated for the agency and it collects nearly $600 million in user fees. Eighty-three percent of the FDA's costs are staff-related. The Alliance, whose membership includes three former Secretaries of Health and Human Services and six former FDA Commissioners, believes that the FDA's appropriation must increase by about $100 million per year just in order to stay even with increased costs—anything lower will result in decreased staff and programming. In addition, the Alliance believes that the FDA's base has eroded even while it was given new responsibility and ''operates in a world of increased globalization and scientific complexity.'' To put it in perspective, the FDA receives less funding than its local school district. Montgomery County, MD, public schools received $2.07 billion in fiscal year 2009; the FDA received $2.04 billion in appropriated funds that same year.

Recently, we heard about peanut products tainted with salmonella. Hundreds of people became sick and nine people lost their lives. In 2008, consumers were sickened by salmonella in peppers and possibly tomatoes. Before that, it was spinach tainted with E. coli that was sold all across the United States.

Overall, the FDA has done good work on food safety, but it also needs more inspectors and more resources to conduct inspections. In fact, on March 14, President Obama stated that about 95 percent of the Nation's 150,000 food processing plants and warehouses go uninspected each year.

Unfortunately, the FDA struggles with more than just food. On the pharmaceutical side, the FDA has had to deal with safety issue after safety issue. From the withdrawal of Vioxx, to new data about suicide and SSRI antidepressants, FDA has been working to match its performance to its mission. We all know that it still has a way to go.

If the FDA is given the responsibility of regulating tobacco products, it will require the agency to expand considerably. A completely new center, the Center for Tobacco Products, will be established within the FDA and new scientific experts will have to be hired for that new Center. These individuals—epidemiologists, toxicologists and medical reviewers—could be working on evaluating cancer drugs, or new vaccines, or tracing outbreaks of food borne illness—areas where, quite frankly, they are desperately needed. Instead, they will be wasting time, effort, and money in attempt to make a deadly product slightly less deadly.

The former FDA commissioner, Dr. Andrew von Eschenbach, expressed serious concerns in 2007 that this bill does not provide enough funding for an expansion of the FDA and does not authorize appropriations for start-up costs. He also expressed concerns that regulating tobacco would jeopardize FDA's public health mission. Dr. von Eschenbach was right—it makes no sense to expand this agency and divert its attention to tobacco products. I simply cannot understand why Congress is giving this agency any additional duties without a clear idea, in my opinion, about how much money it will cost to carry them out. Although this legislation is funded by tobacco company user fees, how do we know that enough money will be collected? And, while it is my understanding that the substitute big being considered by the Senate will require performance reports on these user fees every 3 years, I feel that these reports should be filed on an annual basis so that we in Congress may make necessary adjustments if the program is running out of money.

Another concern I have is the impact that these user fees could have on public health programs like the State Children's Health Insurance Program—CHIP—which relies on tobacco taxes for its financing. For that reason, I filed an amendment calling for the Comptroller General of the Government Accountability Office to study whether this bill will have an impact on public health programs. It is my hope that this amendment will be accepted by my colleagues.

Finally, I want to talk in more detail about the mission of the FDA, which is to protect public health. I feel that by requiring the FDA to regulate tobacco, we are putting the agency in direct conflict of this important mission. Here are two undeniable truths about tobacco: (1) tobacco is known to cause serious illnesses and death, and (2) tobacco does not have any health benefits whatsoever. So, I ask you, what sense does it make to have the FDA regulate tobacco? How does an agency in charge of protecting public health regulate tobacco, a product that is inherently unsafe?

In fact, when the bill was being considered by the Senate HELP Committee a few weeks ago, I cosponsored and strongly supported Senator ENZI's amendment to have the Centers for Disease Control and Prevention regulate tobacco products. Unlike the FDA, the CDC has the infrastructure, personnel and mission to take on tobacco. The CDC operates programs that reduce the health and economic consequences of the leading causes of

death and disability, thereby ensuring a long, productive, healthy life for all people. For those reasons, I felt that the CDC's mission was far more suited to the regulation of tobacco. Unfortunately, that amendment was not approved by HELP Committee members and, as a result, the Senate is now considering a bill that would designate the FDA as the regulator of tobacco products.

In conclusion, I am probably one of the FDA's strongest supporters in Congress. Back in the 1990s, I introduced legislation that created the White Oak campus; the unified FDA campus which I envisioned would bring prestige back to the agency. This campus is on track to be completed in 2012. I wanted FDA to be able to attract the brightest minds so we could get the best researchers in the country working together in order to ensure the safety of our drugs, medical devices and food supply. Dr. Margaret Hamburg, the newly confirmed FDA Commissioner has impressed me with her strong vision for the future of the FDA. It is my hope that by adding the regulation of tobacco to the FDA's portfolio, that vision does not go off course.

I want to make one thing perfectly clear—I support the intent of this bill which is to stop our young people from picking up that first cigarette and to protect public health by regulating tobacco. That being said, it is my hope that some of the concerns that I have raised will be carefully considered and addressed before this legislation is signed into law.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KAUFMAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Delaware.

PRAISE OF DR. DOUGLAS LOWY AND DR. JOHN SCHILLER

Mr. KAUFMAN. Madam President, I would like to continue what I began last month by honoring the contribution of our Federal employees.

On May 4, I came to the floor to discuss the importance of recognizing the hard work and dedicated service of our Federal employees. This is especially important because of our recovery efforts during these challenging economic times. The programs we enact, it is easy to say, will be carried out by a Federal workforce that requires people's confidence. I know from personal experience how industrious and trustworthy civil servants are. The public needs to know too.

As I said then, we also need to encourage more of our graduates to enter careers in public service. America is blessed with so many enthusiastic and entrepreneurial citizens. We need them to lend their talents. We need their ideas, their creative minds. This is why I have made it a priority to honor excellent public servants and call attention to what Federal employees can and do accomplish.

In my previous remarks, I promised to highlight some of our excellent public servants from this desk every so often. In keeping with my promise, I rise to speak about two Federal employees whose achievements are particularly relevant to our work in this session: the current state of our health care system.

As many know, cervical cancer is the second most common cause of cancer deaths in women worldwide. It takes the lives of almost a quarter million women each year. Here in America, nearly 11,000 women are diagnosed annually.

What distinguishes cervical cancer from most other cancers is its cause. While many cancers are linked to a genetic predisposition for abnormal cell growth, nearly all cases of cervical cancer result from viral infections. The majority of these infections come from exposure to the human papillomavirus or HPV. HPV is the most common sexually transmitted disease affecting Americans.

When Dr. Douglas Lowy and Dr. John Schiller began studying HPV, little did they know that their 20-year partnership as researchers would lead to the development of a vaccine.

Working at the National Institutes of Health's National Cancer Institute Center for Cancer Research, the two discovered that previous attempts at creating a vaccine had failed because a genetic mutation existed in the virus, making it difficult for the body to produce antibodies against it.

Once Drs. Lowy and Schiller made this finding, they worked to create a modified version of the HPV without the mutation. This development is instrumental in the creation a few years ago of a vaccine that will prevent the vast majority of cervical cancer cases from developing.

Because over 80 percent of those who develop cervical cancer cases live in developing nations, Drs. Lowy and Schiller have been working with the World Health Organization to make the HPV vaccine available to women around the world.

In recognition of their achievement, the two men jointly were awarded the 2007 Service to America Federal Employee of the Year Medal.

Today, women and girls age 9 through 26 have the ability to be vaccinated against developing cervical cancer.

Once again, I call on my fellow Senators to join me in honoring Dr. Lowy and Dr. Schiller and all Federal employees who have distinguished themselves in their service of our Nation.

HEALTH CARE REFORM

Mr. KAUFMAN. Madam President, I would like to speak on reforming our health care system. Simply put, health care reform has been delayed for far too long, and it cannot wait any longer. Most Americans are satisfied with the health care they receive today.

Let me repeat this. Most Americans are satisfied with the health care they receive today. But if we want to sustain and improve the quality of health care, we need to act now.

What they are concerned about is what future health care is going to be about, and they are also concerned about the cost of health care. We must get health care costs under control while preserving choice.

If we do nothing and allow the status quo to persist, it has been estimated that the share of gross domestic product devoted to health care will rise from 18 percent in 2009 to 28 percent in 2030.

If health care premiums continue to rise at 4 percent per year, which is actually less than the historical average, then by 2025, premiums for family coverage will reach $25,200 a year—over $2,000 a month. This trajectory is simply unsustainable.

We have attempted to reform our health care system several times in the past to no avail. But this year is different and has to be different. This time the call for reform is coming from people and organizations that previously opposed reform. This time businesses, along with unions that represent their workers, are asking for reform.

Businesses in America have to compete against companies from other countries. Many of them do not pay anything for health care for their workers or retirees. Others pay far less than what many of our larger corporations pay. This puts many of our businesses at a disadvantage in the global marketplace.

In addition, people in my home State of Delaware and Americans across the Nation are struggling to keep up with the crushing and seemingly constant increase in the cost of health care.

Over the last decade, Americans have watched as their health insurance premiums and deductibles have risen at much faster rates than their wages, threatening their financial stability. It also puts them at risk for losing their insurance as employers struggle to provide adequate health care coverage.

Americans rightfully value their relations with their doctor and the care they receive. We must—and I say must—preserve these relationships. In addition, as costs rise and insurance benefits erode, Americans are also asking to protect what works and fixes what is broken.

Our current health care system—the status quo—is rampant with bureaucracy, inefficiency, and waste. It is time for reform. It is time to reform health care for Americans so everyone has access to quality, affordable care, regardless of preexisting medical conditions. It is time to reform health care so we